



RCVD JAN 4 '10

TOWN OF DAVIE
MARCH 9, 2010
GENERAL INFORMATION SHEET

**ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE**

Candidate's Name Marlon Luis District: 234
Circle One

Residency Address 13251 S.W. 16th Ct. Davie FL 33325

Have you resided at the above address six months or more? Yes ☒ No ☐

Mailing Address _____
(if different from residency address)

Telephone: Home 954-473-4508 Work 954-912-4935 Cell 954-559-5098

E-Mail Address Info @ biscayne corp. com

Date of Birth 6-11-56

Occupation Contractor

Spouse's Name Dr. Cheryl Luis

Campaign Treasurer Harry Venis C.P.A. Telephone 954-566-1040

Deputy Treasurer N/A Telephone _____

At time of qualifying, the following must be filed with the Town Clerk:

	Form #	Title of Form
<input checked="" type="checkbox"/>	DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/>	DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/>	DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/>	CE Form 1	Statement of Financial Interests (<u>for incumbents</u> , a copy of the 2008 Form 1 filed July 1, 2009 is acceptable - F.S. 99.061(7)(a)6.)
<input checked="" type="checkbox"/>	\$497.25 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$372.94 qualifying fee and the \$124.31 election assessment fee)
<input checked="" type="checkbox"/>		Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>		Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Broward COUNTY

OFFICE USE ONLY

RCVD JAN 4 '10

I, Marlon

First Name

C.

Middle Name/Initial

Louis

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Marlon Louis

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Council Member, 4,
(office) (district) (group)

My legal residence is 13251 S.W. 16th Ct. Davie Fl. County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X

Marlon Louis
Signature of Candidate

(954) 559-5098
Daytime Telephone Number

Email Address

13251 S.W. 16th Ct. Davie Fl. 33325
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 4th day of January, 2002010.

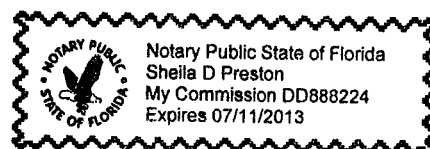
Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

Sheila D. Preston
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2008

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Luis Marlon C.

MAILING ADDRESS :

13251 S.W. 16th Ct.

Davie Fl. 33325 Broward

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Town of Davie - Dist. 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Davie Town Council District 4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

RCVD JAN 4'10

ID Code

ID No.

Conf. Code

P. Req. Code

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☒ DECEMBER 31, 2008 ²⁰⁰⁹ OR☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☐

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Biscayne Restoration Inc.	2019 Wilson St. Hlud. Fl.	Escrow/contractor
Biscayne Painting Corp	2019 Wilson St. Hlud. Fl.	Painting contractor

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Home 30 Acres - Part Owner
6450 Roberts Rd.
Kathleen, Fl.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Bisayne Restoration	Biscayne Painting Corp.	
ADDRESS OF BUSINESS ENTITY	2014 Wilson St. Hialeah, FL	Same	
PRINCIPAL BUSINESS ACTIVITY	Contractor	Painting Contractor	
POSITION HELD WITH ENTITY	President	President	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%	
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

1-4-10

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

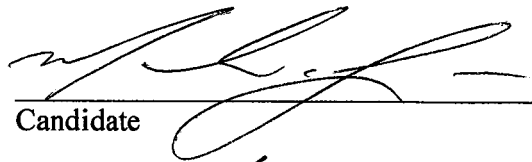

**LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT**

RCVD JAN 4 '10

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 9, 2010 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 3, 2010*
TIME: 2:00 p.m.
PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1-4-10
Date


Candidate

Witness

*tentative - should the date and time be amended, the candidate will be notified



**TOWN OF DAVIE
MARCH 9, 2010
NOTICE OF CANDIDACY**

RCVD JAN 4 '10

**ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE**

Candidate's Name Marlon Luis Date 1-4-10
(name as it is to appear on ballot - please print)

Residency Address 13251 S.W. 16th Ct. Davie FL 33325

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ☒ No ☐
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$497.25 filing fee to the Town Clerk (\$372.94 qualifying fee and \$124.31 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for District: 2 3 4
Circle One

Signature: [Signature]

Print Name: Marlon Luis

Address: 13251 S.W. 16th Ct.
Davie FL 33325

I hereby certify that this Notice of Candidacy form was filed with me on the 4th day of January 2010.

[Signature]
Town Clerk or Qualifying Officer

**RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE
TOWN CLERK OR QUALIFYING OFFICER**

STATEMENT OF ETHICAL CAMPAIGN PRACTICES

(Broward County Ordinance 2000-06)

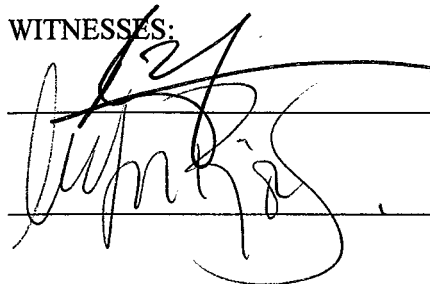
RCVD JAN 4 '10

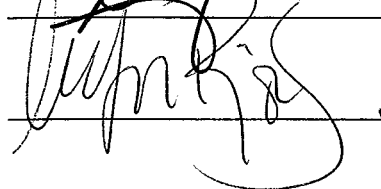
As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

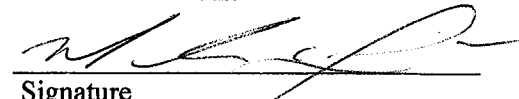
Executed on this day 4th of January, 2010.

WITNESSES:





BY CANDIDATE:



Signature
Marlon C. Lewis

(Print name)

STATEMENT OF ETHICAL
CAMPAIGN PRACTICES
PAGE 2

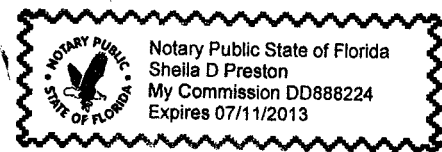
STATE OF FLORIDA)

) SS.

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 4th day of January,
2010, by Marlon Luis, who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 4th day of January, 2010.



Sheila D. Preston
Signature of person taking acknowledgment
[Public Notary, State of Florida]

Sheila D. PRESTON
Name of person taking acknowledgment
(typed, printed, or stamped)

My commission expires: